SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:52

DOCUMENT # **P93000048486 (3)**

1. Corporation Name
MANAGED 24-HOUR HEALTH CARE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1135 PASADENA AVE., SO. 305 ST. PETERSBURG FL 33707 US	1135 PASADENA AVE., SO 305 ST. PETERSBURG FL 33707 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3196027 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

VENABLE, JOSEPH P
1400 4TH AVE W
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☒ Change ☐ Addition
NAME	WALKER, DARLA	12 NAME		
STREET ADDRESS	6550 1ST AVE., N	13 STREET ADDRESS	915 133rd Street East	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	LIVINGSTON, TERESA	22 NAME		
STREET ADDRESS	6550 1ST AVE., N	23 STREET ADDRESS	710 115th Avenue	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	T	31 TITLE		☒ Change ☐ Addition
NAME	SOUTH, WENDY	32 NAME		
STREET ADDRESS	6550 1ST AVE, N	33 STREET ADDRESS	2661 Brown Road	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	Martin, GA 30557	
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	HANLEY, KIM	42 NAME		
STREET ADDRESS	6550 1ST AVE., N	43 STREET ADDRESS	615 SW 226th Street	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	Newberry, FL. 32669	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	ZICKAFOOSE, STEVEN	52 NAME		
STREET ADDRESS	6550 1ST AVE, N	53 STREET ADDRESS	6815 13th Avenue East	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	COLLING, MARK	62 NAME	Collins, Mark	
STREET ADDRESS	6550 1ST AVE., N	63 STREET ADDRESS	P.O. Box 252	
CITY-ST-ZIP	ST. PETERSBURG FL	64 CITY-ST-ZIP	Pickens, SC 29671	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Teresa Livingston TERESA LIVINGSTON 6/15/95 (813)345-3272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0102004 CP